

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of	Case Number:
THERESA THOMPSON V. LIFE INSURANCE COMPANY	08 C 0439
OF NORTH AMERICA ET AL.	

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
DEFENDANT LONG TERM DISABILITY PLAN FOR EMPLOYEES OF MOLEX, INC.

NAME (Type or print) Daniel K. Ryan	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Daniel K. Ryan	
FIRM Hinshaw & Culbertson LLP	
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ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6270416	TELEPHONE NUMBER (312) 704-3000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	